

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**

See "Instructions for Service of Process by U.S. Marshal"

|  |   |   |
|--|---|---|
| PLAINTIFF<br>ROBERTO DEJESUS   |   | COURT CASE NUMBER<br>22-CV-9559 (CS)  |
| DEFENDANT<br>V. SANTIAGO; P. DELOVIC; R. MAYES; F. COTTO; A. RODRIGUEZ   |   | TYPE OF PROCESS<br>Summons & Complaint  |
| <b>SERVE<br/>AT</b>  | NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN<br>Correction Officer V. Santiago        |   |
|  | ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)<br>Sing Sing Correctional Facility, 354 Hunter Street, Ossining, NY 10562-5442 |   |
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW<br>Roberto DeJesus, 12-A-0084<br>Auburn Correctional Facility<br>P.O. Box 618<br>Auburn, NY 13024                           |   | Number of process to be served with this Form 285<br>Number of parties to be served in this case<br>Check for service on U.S.A. |
| SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): |   |   |

|  |   |                  |                    |
|--|---|------------------|--------------------|
| Signature of Attorney other Originator requesting service on behalf of:<br><i>S. Harrold</i> | <input checked="" type="checkbox"/> PLAINTIFF<br><input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER | DATE<br>12/16/2022 |
|--|---|------------------|--------------------|

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE**

|   |                      |                               |                              |  |                   |
|---|----------------------|-------------------------------|------------------------------|--|-------------------|
| I acknowledge receipt for the total number of process indicated.<br>(Sign only for USM 285 if more than one USM 285 is submitted) | Total Process<br>1/5 | District of Origin<br>No. 054 | District to Serve<br>No. 054 | Signature of Authorized USMS Deputy or Clerk<br><i>[Signature]</i> | Date<br>6/21/2023 |
|---|----------------------|-------------------------------|------------------------------|--|-------------------|

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

|  |   |               |   |
|--|---|---------------|---|
| Name and title of individual served (if not shown above) | Date<br>6/18/23   | Time<br>12:08 | <input type="checkbox"/> am<br><input checked="" type="checkbox"/> pm |
| Address (complete only different than shown above)       | Signature of U.S. Marshal or Deputy<br>David Fiore #31952 |               |   |

Costs shown on attached USMS Cost Sheet &gt;&gt;

**REMARKS**

No longer works there